



**TOWN OF MONTEREY BOARD OF HEALTH**  
**Application for License Renewal to Practice Massage in Monterey**

As required according to General Laws, Chapter 140, Section 51

Fee: **\$50.00** Made payable to "Town of Monterey"

Date: \_\_\_\_\_

Name:	Federal ID/SS#:
Mailing Address:	City, State Zip:
Physical Address:	City, State Zip:
Home Telephone:	Business Telephone:
Fax Number:	Email Address:
CPR Expiration*:	First Aid Expiration*:
Licensed Establishment Name:	Is this a private home/business?

**\*A copy of your current CPR/First Aid Certifications MUST accompany this application.**

Pursuant to MGL Chapter 62c, Section 49a, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Have you been convicted of any criminal violations? ?•Yes      ?•No

If yes, give grounds: \_\_\_\_\_

I understand and give permission to have a background check conducted at any time. The information above is correct to the best of my knowledge. I understand that presenting false or misleading information will disqualify me for licensure in the Town of Monterey.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

***For Office Use Only:***

Paid by: \_\_\_\_\_ Date: \_\_\_\_\_ CPR Certification Received?: \_\_\_\_\_ First Aid Certification Received?: \_\_\_\_\_

Approved by: \_\_\_\_\_ License#: \_\_\_\_\_

**\*\*\*Fee must accompany application\*\*\***

*Revised 11/05*